Case 24-19607-JKS Doc 20 Filed 12/10/24 Entered 12/10/24 17:54:56 Desc Main Document Page 1 of 8

Fill in this information to identify your case:				
Debtor 1 Jackson D Cuel First Name		lar Middle Name	Last Name	
Debtor 2	Karla Cuellar			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
Case number	24-19607			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

rai	t 1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	555,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	38,153.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	593,153.00
Par	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	500,367.13
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	7,650.39
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	101,951.35
	Your total liabilities	\$	609,968.87
Par	t 3: Summarize Your Income and Expenses	<u> </u>	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	11,768.22
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	11,035.55
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	schedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Jackson D Cuellar
Debtor 2 Karla Cuellar

Case number (if known) 24-19607

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$____14,127.08

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	7,650.39
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	58,930.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	66,580.39

Official For Schedule	rm 106l I: Your Income	MM / DD/ YYYY
		A supplement showing postpetition chapter 13 income as of the following date:
(If known)		An amended filing
	24-19607	Check if this is:
United States Ban	kruptcy Court for the: DISTRICT OF NEW JERSEY	
(Spouse, if filing)	1101110 0001101	
Debtor 2	Karla Cuellar	
Debtor 1	Jackson D Cuellar	
Fill in this informat	tion to identify your case:	

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, Employment status * attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Manager Patient Care Tech Include part-time, seasonal, or **Employer's name** Medmetrix HMH Hosital Corp. self-employed work. **Employer's address** Occupation may include student 121 Dekalb Avenue 343 Thornall Street or homemaker, if it applies. Brooklyn, NY 11201 Edison, NJ 08837 How long employed there? 1 Year Years *See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,250.01 5,315.57 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 7,250.01 Calculate gross Income. Add line 2 + line 3. **\$** 5,315.57

Official Form 106I Schedule I: Your Income page 1

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Deb		Jackson D Cuellar Karla Cuellar		Case	number (if known)	24-19	9607	
	Con	w line 4 hore	4.	For	7,250.01		Debtor 2 or filling spouse 5,315.57	
	Cop	y line 4 here	4.	Ψ_	7,230.01	Φ	3,313.37	
5.	List	all payroll deductions:						
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,469.59 0.00 217.49 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ + \$	956.80 0.00 0.00 0.00 405.32 0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,687.08	\$	1,362.12	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,562.93	\$	3,953.45	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Second Job Tax Refund	8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h.+	\$\$ \$ \$\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 2,243.26 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	8.58	\$	2,243.26	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5,	\$. 571.51 +	6,19	6.71 = \$ 11,7	68.2
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend vailab	e to p	oay expenses list			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ites					12. \$ 11,76 Combined monthly inc	
13.	Doy ■	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	•					

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Debtor 1 Jackson D Cuellar
Debtor 2 Karla Cuellar
Case number (if known) 24-19607

Official Form B 6I Attachment for Additional Employment Information

Spouse	
Occupation	Patient Care Tech
Name of Employer	HMH Hospitals Corporation
How long employed	1 Year
Address of Employer	343 Thornall Road
	Edison, NJ 08837

Official Form 106I Schedule I: Your Income page 3

Filli	in this information to identify y	our case:			
Debt	tor 1 Jackson D	Cuellar	C	heck if this is: An amended filing	
Debt (Spo	tor 2 Karla Cue	llar		•	ving postpetition chapter the following date:
Unite	ed States Bankruptcy Court for the	e: DISTRICT OF NEW JERSEY		MM / DD / YYYY	
	e number <u>24-19607</u> nown)				
	ficial Form 106J	Expenses			12/15
Be a	as complete and accurate a	s possible. If two married people ar eeded, attach another sheet to this			or supplying correct
Part		ehold			
1.	Is this a joint case?				
	☐ No. Go to line 2. Yes Does Debtor 2 live	in a separate household?			
	■ No	ist file Official Form 106J-2, Expenses	for Separate Household of D	ebtor 2.	
2.	Do you have dependents?	□ No			
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents names.		Daughter	16 Years	□ No ■ Yes
			Son	21 Years	□ No ■ Yes
			Son	22 Years	□ No ■ Yes
0	De como como con los fortes de				□ No □ Yes
3.	Do your expenses include expenses of people other yourself and your dependent	than			
exp	imate your expenses as of y	ing Monthly Expenses our bankruptcy filing date unless y bankruptcy is filed. If this is a supp			
the		non-cash government assistance in non-cash government as a constant government as a constant government as a constant government governmen		Your exp	enses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ 3,935.55 4a. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
- 5. Additional mortgage payments for your residence, such as home equity loans

4b.	\$ 0.00
4c.	\$ 130.00
4d.	\$ 0.00
5.	\$ 0.00

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	otor 1 Jackson D Cuellar otor 2 Karla Cuellar	Case number (if known)	24-19607
6.	Utilities:		
-	6a. Electricity, heat, natural gas	6a. \$	565.00
	6b. Water, sewer, garbage collection	6b. \$	150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	410.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	1,300.00
8.	Childcare and children's education costs	8. \$	190.00
9.	Clothing, laundry, and dry cleaning	9. \$	340.00
10.	Personal care products and services	10. \$	250.00
	Medical and dental expenses	11. \$	415.00
12.	Transportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12. \$	650.00 100.00 100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
14.	Charitable contributions and religious donations	14. \$	100.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	0.00
	15d. Other insurance. Specify:	15d. \$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16. \$	0.00
17.	Installment or lease payments:	47 0	500.00
	17a. Car payments for Vehicle 1	17a. \$	500.00 500.00
	17b. Car payments for Vehicle 2	17b. \$	500.00
	17c. Other. Specify:	17c. \$	0.00
40	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
10	Other payments you make to support others who do not live with you.	\$	450.00
13.	Specify: Edlery Parents support payments not living at you		430.00
	home	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Your Income.	
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: _Tolls & Parking	21. +\$	550.00
	Pet Expenses	+\$	200.00
-00			
22.	Calculate your monthly expenses		11 005 55
	22a. Add lines 4 through 21.	\$	11,035.55
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	11,035.55
23	Calculate your monthly net income.		
20.	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	11,768.22
	23b. Copy your monthly expenses from line 22c above.	23b\$	11,035.55
	200. Copy your monthly expenses from the 220 above.	Σου. Ψ	
	23c. Subtract your monthly expenses from your monthly income.		
	The result is your monthly net income.	23c. \$	732.67
24.	Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? No.		crease or decrease because of a
	Yes. Explain here:		

Fill in this information to identify your case:				
Debtor 1 Jackson D Cuel First Name		lar Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Karla Cuellar First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
Case number _2 (if known)	4-19607			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have rethat they are true and correct. X /s/ Jackson D Cuellar Jackson D Cuellar	read the summary and schedules filed with this declaration and X /s/ Karla Cuellar Karla Cuellar
Signature of Debtor 1	Signature of Debtor 2
Date December 10, 2024	Date December 10, 2024